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Approved for use through 07/31/2008. OMB 0301-0002  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted With Initial Filing    OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	KLB90008-100
	First Named Inventor	Anthony White
		COMPLETE IF KNOWN
	Application Number	10/550,955
	Filing Date	Herewith
	An Unit	To Be Determined
	Examiner Name	To Be Determined

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IMPROVEMENTS IN OR RELATING TO MEDICAL DEVICES**

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 06/18/2004 as PCT international

Application Number PCT/US2004/022634 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(j) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/025 attached hereto.

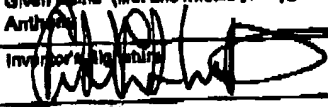
[Page 1 of 2]

This collection of information is required by 35 U.S.C. 119 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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PTO/USPO (35-04)  
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## DECLARATION — Utility or Design Patent Application

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<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
Anthony				Wills	
Inventor's Signature				Date	
				20 APRIL 2006	
Residence: City		State		Country	
London		England		United Kingdom	
Mailing Address		Zip		Country	
10 Greenham Road		N16 1LP		United Kingdom	
City		State		Country	
London		England		United Kingdom	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))				Family Name or Surname	
Inventor's Signature				Date	
Residence: City		State		Country	
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City		State		Country	

☐ Additional inventors or a legal representative are being named on the 3 supplemental sheet(s) PTO/USPO or 02/01 attached hereto.

PTO/SS-1 (11-04)  
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<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/560,938
	Filing Date	Herewith
	First Named Inventor	Anthony Wills
	Title	IMPROVEMENTS IN OR RELATING TO MEDICAL DEVICES
	Art Unit	To Be Determined
	Examiner Name	To Be Determined
	Attorney Docket Number	KLBS0008-100

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioner(s) associated with the Customer Number: 30151

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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☐ Firm or Individual Name:  

Address:  

City:   State:   ZIP:  

Country:  

Telephone:   Fax:  

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SS-06)

SIGNATURE of Applicant or Assignee of Record

Signature: Anthony Wills Date: 20 APRIL 2006

Name: Anthony Wills Telephone: (0044) (0) 208 444 1200

Title and Company: Inventor, Reban LTD

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of   forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or maintain a benefit by the public which is to be used by the USPTO to support an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is exempted to take 3 minutes to complete, including gathering, reviewing, and submitting the completed questionnaire form to the USPTO. There will very likely be no direct benefit to the individual user. Any comments on the nature of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Data Collection Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22315-1480. DO NOT SEND PAGES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22315-1480.

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